DOCUMENT RESUME

ED 172 086 CG 013 528

TITLE Drug Education Program.
INSTITUTION Department of Defense, Washington, D.C.
PUB DATE Feb 78
NOTE 9p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Curriculum Design; *Drug Education; Elementary School Students; Elementary Secondary Education; Perception; *Program Design; *Referral; School Responsibility; School Role; Secondary School Students; *Student Attitudes; *Teaching Techniques

ABSTRACT

Although designed specifically for schools on overseas military bases, this brief guide for the development of drug education programs for elementary and secondary school students can be used as an outline for any school-related drug education program. The materials in the handbook address the following areas of concern: (1) suggestions of topics to be included in health education curricula; (2) techniques for integrating drug-related topics into other classes; (3) school referral procedures for students exhibiting inappropriate behavior in school; and (4) ideas representing the perceptions of many students about American schools in general. (Author/HLM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

DS MANUAL 2720.3
February 13, 1978

ED172086

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

DRUG EDUCATION PROGRAM

CG013528

FOREWORD

The abuse of drugs is a growing problem both in terms of magnitude and complexity for youths and adults. To date, society has no real answer to this problem, but increasingly, it is advocated that education may provide a remedy. If students now in school can learn to be responsible in their use of substances, these same students can eventually provide a society that will be free from the evils of drug abuse.

Drug abuse education emphasizes the need for decision-making skills within a framework of internalized values and attitudes. If the climate of the classroom is appropriate and the student-teacher relationships are genuine, cognitive growth in knowledge of the dangers of drug abuse may accompany attitudes and behavioral changes favorable to the worth of the individual.

Anthony Cardinale
Director

CG013528

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
DRUG EDUCATION PROGRAM

REFERENCE: DS Regulation 2700.1, February 8, 1978, Department of Defense Dependents Schools Comprehensive School Health, Physical Education, and Recreation Programs

CG013528

1. INTRODUCTION

a. For the past few years, schools throughout America have been involved in educational programs designed to combat drug abuse. To many people, the term "drug education" has come to mean the study of illicit drugs in the hope that students will not become involved. Most people are aware that this approach has not been successful.

b. Good programs, however, have never embraced this viewpoint, but have included much more. Such programs encompass the study of alcohol (the number one drug problem in the United States and the world), tobacco, the proper use of prescription and over-the-counter medicines, psychosocial reasons for using substances, the history of substance use, as well as the economic, geographic, and political ramifications of substance use, misuse, and abuse. It is also recommended that these programs be based on student interests, provide student/community involvement, explore the reasons for drug use, promote decision-making skills, and stress the self-worth of each individual.

2. DRUG EDUCATION IN THE CURRICULUM

In order to make drug-related learning more meaningful to students, it must not be isolated or sensationalized but included in logical areas of the curriculum. Health education provides a logical subject area for general instruction about substances, including mental and physical aspects:

a. K-3. The health education curriculum for primary children stresses mental and physical health with an emphasis on developing the self-awareness and self-esteem of the child. As one facet of health education, concepts about the proper use of substances are taught. This includes the recognition that some substances, like medicine, are helpful, but only when properly prescribed and administered; that colorful pills and compounds are not candy and should not be eaten indiscriminately; that medicines meant for one person should not be taken by another; that common household substances (cleaning agents, insecticides, floor polish, etc.) can be harmful if swallowed. To summarize, as part of an overall health effort, primary children are taught concepts concerning the proper use of drugs.

b. Grades 4-6. In these grades, the health curriculum includes a study of individual differences, the qualities of a worthwhile person, and the relationship between mental health and personal actions. Tobacco and alcohol are introduced as substances that have unhealthy effects on humans. Other drugs, as identified by students, are included, but always in the context of why people use drugs and what alternatives exist.

c. Grades 7-9. In the junior high school, health education continues to be based on student interest. It also stresses the use of values clarification techniques, decision-making processes, and individual and community responsibility in regard to the use or misuse of drugs.

d. Grades 10-12. The curriculum bases instruction on student interests. Some students may need a review of drug effects; others may be concerned with the social, psychological or legal issues; others may want information on alternatives to drug use, reasons why some persons turn to drug use, or the community resources available to provide help. Teen involvement, a program in which high school students work with elementary classes, is a strong part of the secondary program. Whatever information the student sees as necessary is provided.

3. INTEGRATION OF DRUG-RELATED TOPICS INTO OTHER CLASSES

a. Drug-related issues should be included where they logically occur in the curriculum. This means that drug-related topics could be discussed in social studies, language arts, science, health education, home economics, physical education, and counseling sessions - in other words, almost anywhere in the curriculum. This doesn't mean that all teachers have to include drug-related topics; only if the topic arises should it be dealt with.

b. Teachers who feel inadequately prepared should not attempt to teach drug-related topics.

c. All drug-related units must be based on student interests. This does not prohibit the teacher from including topics not identified by the class, but is meant to preclude instruction totally designed by the teacher.

d. The entire class (teacher included) should be involved in determining ways of getting the answers to the questions they have developed. This may include individual reading, viewing audiovisuals, contacting local experts, debates or whatever the class thinks will work.

e. The role of the teacher is to help the class identify the issues it wishes to study and help the class find the material and people that will give them the information they seek. The teacher can also learn along with the students and provide an adult model of a curious, inquiring learner.

4. SCHOOL REFERRAL PROCEDURES

Every school shall establish procedures for referring students who exhibit inappropriate behavior to a school contact person (for example, the principal, nurse, counselor, or other teacher). After interviewing the student, the contact person and principal will decide if the further referral to parents or dispensary is required.

a. Procedures should be published and made known to all.

b. Don't diagnose. Educators are not physicians, so comments concerning student drug use are inappropriate. Such comments are unfair to the student and may give parents a legitimate reason to criticize the educator involved. In comments to appropriate personnel, educators should simply describe the behavior observed.

c. Don't generalize about student drug use. Educators are respected members of the community and have a strong impact on public opinion and should, therefore, avoid non-factual comments. The facts are:

(1) Most students are not involved in illegal drug use.

(2) Most of those who are involved in illegal use are experimenters.

(3) Only a small percentage of students are deeply into illegal substance use. Consequently, uninformed comments made by school personnel cause overreaction and sensationalize the issue.

5. STUDENT PERCEPTION OF SCHOOLS

Since some student misbehavior is caused by dissatisfaction with schools, it seems pertinent to consider this topic. The following items are representative of the perceptions of many students about American schools in general:

a. Students want a voice in the school decision-making process. Many feel that the courses offered are not relevant to life as they perceive it and that involving students in curriculum matters will improve the situation. Students involved in school decision-making activities are less likely to turn to deviant behavior. Student ideas should be incorporated in developing courses of study, securing instructional resources, and in the evaluation of the learning achieved. Schools must develop a system of receiving, processing, and implementing student ideas.

b. Students learn best when the material is related to their concerns. Many studies have indicated this phenomenon through the years. Our job as educators is to promote learning. This requires relating what is taught to the interests and needs of the student. Responsible student involvement in the selection of topics to be studied is essential. It must be stressed that this concept does not absolve the school from curriculum planning nor from its responsibility of guiding the learner into new areas of interest and concern, but to strike a balance between student- and teacher-selected topics.

c. Make students responsible. One becomes responsible by having responsibility. It does not seem logical that young people will assume instant responsibility after 12 years of following directions! Instead, every effort must be made to involve students in true decision-making situations. It is not enough to decide on colors for prom decorations; fundamental decisions on curriculum and school policy should have student representation. If this approach is followed, we must be prepared for the inevitable mistakes, but should treat them as growth opportunities and gain from them, not use them as an excuse to curtail student involvement.

d. Students want an avenue to state their grievances. In many schools, students feel they are at the mercy of the faculty and administration. Perhaps the ombudsman way on various faculty/administrative committees will alleviate this perception. Most important may be the feeling that students have little opportunity to talk with adults about matters that concern them.

e. Students do not favor permissiveness. Many adults oppose student involvement in decision-making capacities. Perhaps this is because this approach is viewed as being permissive. Students, in addition to being given responsibility, need to be held responsible by their teachers for all decisions taken. This is often where the concept breaks down, because student performance is not demanded. If students do not meet their goals, the teacher has an obligation to point out the shortcomings and help them to a successful conclusion. This shows students the teacher truly cares about them and their progress.

f. Young people have always worked for change. Not only do the young learn from their elders, but the reverse is also true. Perhaps if students were listened to, not to be pacified but to be allowed to contribute, realistic changes could be adopted.

DISTRIBUTION:
Directors, EUR, ATL, PAC
District Superintendents
Principals
OADSA
OEA, Washington Hqs.